

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 087945249 | FILING DATE

APPLICANT(S)

9-20-05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2						
3			1			
4					1	
5			1			
6			1			
7			1			
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12						
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15						
16						1
17						1
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46						
47						
48						
49						
50						
TOTAL IND.			1		4	
TOTAL DEP.			2		5	
TOTAL CLAIMS		b		6		

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS	b	6	

BEST AVAILABLE COPY